

Jihui Zhang

Full Name of Party Submitting This Document

102 Rowe Road

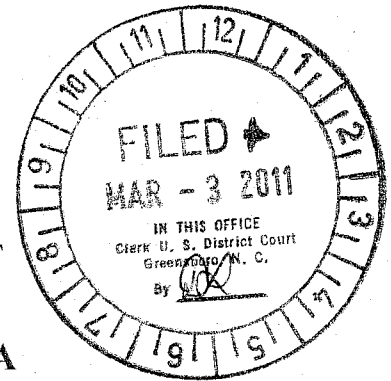
Mailing Address (Street or Post Office Box)

Chapel Hill, North Carolina 27516

City, State and Zip Code

991 942 1880 (Home), 919 260 3715 (Mobile)

Telephone Number



IN THE UNITED STATES DISTRICT COURT
FOR THE
MIDDLE DISTRICT OF NORTH CAROLINA

Jihui Zhang

Plaintiff(s),

V.

Federation of State Medical Boards, et al.,
Defendant(s).

Civil Action No. 1:11CV129

AFFIDAVIT OF SERVICE BY CERTIFIED MAIL
(Complaint and Summons)

STATE OF NORTH CAROLINA)
COUNTY OF ORANGE) SS
(County where Affidavit Signed)

I, Jihui Zhang, Plaintiff, truthfully state:

1. Copies of the Summons and Complaint were deposited in the United States Post Office on February 22, 2011 for mailing Certified Mail, Return Receipt Requested and addressed to National Board of Medical Examiners (Defendant) at 3750 Market Street, Philadelphia, PA 19104-3103.
2. Said copies were received by Defendant National Board of Medical Examiners on February 25, 2011, as evidenced by the attached return receipt from the United States Post Office.
3. The genuine Certified Mail Receipt and Return Receipt are attached.

Jihui Zhang

Typed or Printed Name of Affiant

Jihui Zhang

Affiant's Signature

03/03/2011

Date

AFFIDAVIT OF SERVICE OF SUMMONS AND COMPLAINT

Attachment 1

7010 2780 0002 3881 8230

U.S. Postal Service		
CERTIFIED MAIL RECEIPT		
(Domestic Mail Only, No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com		
PHILADELPHIA PA 19104		
OFFICIAL USE		
Postage	\$ 1.56	0580
Certified Fee	\$ 2.80	06
Return Receipt Fee (Endorsement Required)	\$ 2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.66	02/22/2011

Sent To: *National Board of Medical Examiners*
 Street, Apt. No., or PO Box No.: *3750 Market Street*
 City, State, ZIP+4: *Philadelphia, PA 19104-3102*

PS Form 3800, August 2005 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104-3102

2. Article Number
(Transfer from service label)

7010 2780 0002 3881 8230

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *2/25/11*

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540